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Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

- 1. a. Whether there should be reimbursement for date of service 8-9-01.
 - b. The request was received on 5-28-02.

II. EXHIBITS

- 1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 2. Respondent, Exhibit II:

No Response was noted in the dispute packet.

- 3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 8-2-02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
- 4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

- 1. Requestor: Letter dated 1-10-02.
 - "You have not paid CPT Code 63047 in full, and have used Multiple Procedure Rule for this procedure. 63047 is the primary procedure and code and has to be paid in full. I am attaching copies of your EOB, our original claim and copies of TWCC Fee Schedule Guideline where it denotes that primary procedure has to be paid in full."
- 2. Respondent: No response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 8-9-01.

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2. The Carrier has denied the disputed date of service as reflected on the EOB as "F – Fee Guideline MAR Reduction".

- 3. In determining spine surgery reimbursement recommendations, all procedures are reviewed for the date of service in dispute. All codes have been determined to have been paid correctly except for CPT Code 63047 and CPT Code 22852.
- 4. The Provider has requested additional reimbursement for CPT Code 63047. Carrier has reimbursed \$1,770.00. The MAR value for this code is \$3,540.00.
- 5. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR\$	REFERENCE	RATIONALE:
8-9-01	63047	\$5,155.00	\$1,770.00	F	\$3,540.00	MFG; Surgery Ground Rules (I) (D); CPT Descriptor	The Carrier has denied the disputed service as "F". The Multiple Procedures Rule reflects that "100% of the MAR for the primary procedure, (major procedure reflecting the greatest value)", shall be reimbursed. Also noted in the rule is that "50% of the MAR for secondary or subsequent procedures", shall be reimbursed. CPT Code 63047 is considered the primary procedure and should be reimbursed at its full MAR value. Therefore, additional reimbursement is recommended
8-9-01	22852	\$2,155.00	\$1,264.00	F	\$1,264.00	MFG; Surgery Ground Rules (I) (D); CPT Descriptor	in the amount of \$1,770.00. The Carrier reimbursed the Provider the full MAR value for this CPT Code. However, this code is subject to the multiple procedure rule and consequently should have been reduced by 50%. The Carrier has reimbursed this code at 100% of the MAR value. Therefore, the Carrier is due credit of \$632.00.
Totals		\$7,310.00	\$3,034.00		1	1	The Requestor is entitled to reimbursement in the amount of \$1,138.00. (\$1,770.00 owed to Provider by Carrier - \$632.00 credit due to the Carrier = \$1,138.00.)

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V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$1,138.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 1st day of November 2002.

Lesa Lenart, Medical Dispute Resolution Officer